

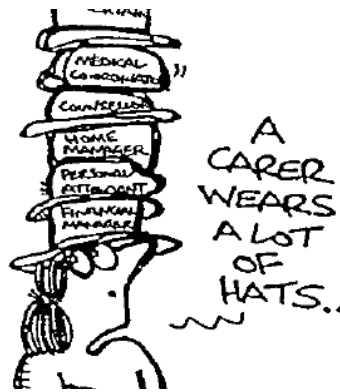


# Alzheimers News

The National Newsletter of Alzheimers New Zealand | Issue 80 | December 2009



## Caring at Christmas



# News

## American Football risks

Recent research commissioned by the USA's National Football League (NFL) suggests the rate of dementia for ex-American Football players is five times higher than that of non-players. According to the Brain Injury Association of Arizona USA, about 41,000 high school players are concussed every year by the game.



The research, conducted by the University of Michigan's Institute for Social Research, is the first to suggest there is a connection between playing American Football and getting dementia, or another memory-related disease.

The findings showed, out of over 1,000 retired players, 6.1 percent of ex-players aged 50 and above had been diagnosed with a form of dementia; five times higher than the average rate of 1.2 percent of the American population.

The NFL is conducting its own study of 120 retired players, which will include neurological examinations.

Although rugby played here in New Zealand differs from American Football in terms of how the head is used, *Alzheimers News* talked to the New Zealand Rugby Union (NZRU)'s Ken Quarrie, a senior scientist for injury prevention and performance, about his take on the research.

*The New Zealand Rugby Union has provided extensive resources for managing head injuries, especially concussion, for some years.*

"My impression is that the volume of head-to-head contacts in American Football, particularly in practice sessions, is higher by an order of magnitude than that experienced by rugby players."

However, Ken says the NZRU has provided extensive resources for managing head injuries, especially concussion, for some years.

He says they will continue to monitor information from American Football and other contact sports, as well as surveying rugby players in New Zealand to evaluate the effects of the game on the long-term health of ex-players.

Mandatory RugbySmart sessions, in conjunction with NZRU and ACC, provide tools to identify concussion and other injuries. These sessions are completed annually by all coaches and referees of contact rugby.

"The NZRU see player welfare as paramount, and we are attempting to keep abreast of local and international research regarding head injury in contact sports so that we can provide injury prevention guidelines that are based on the best available current evidence," says Ken.

There has been no research into dementia and New Zealand rugby players yet, however, a *Sunday News* article on 1 November said donated brains of All Blacks and New Zealand American Football players are being sought for an international study on possible links between sports concussions and early on-set dementia.

For the NZRU's Coaching Toolbox, including a short video from the Brain Injury Association of New Zealand about detecting and managing concussion, please visit <http://tiny.cc/3vJ1a>.

## Thanks to Progressive Enterprises



Peter Smith, managing director of Progressive Enterprises, Alzheimers New Zealand national patron June, Lady Hillary, former Alzheimers New Zealand chairperson Eileen Smith and national director Johan Vos collect a cheque for \$37,825 for people with dementia. Thanks to Progressive Enterprises for supporting us again this year.

## Sore feet, soaring spirits

Alzheimers New Zealand Waikato was officially launched over 6 to 12 November with a “Memory Walk” through Waikato, King Country and Thames Coromandel. Coordinators Jane Kay and Wayne Prudent led the walk and were joined by people with dementia and their families and community leaders and supporters from Te Kuiti to Whangamata. The formation of Alzheimers New Zealand Waikato follows the insolvency of Alzheimers Waikato in June this year.

Jane said it was challenging to walk such a distance, especially for someone who likes to curl up with a book! But by the end of the walk, despite sore feet, blisters and mild sunburn, the walkers made it to the end.

On some occasions, they even had time to spare between towns.



A supporter filmed the journey and Ingham Honda kindly donated a branded car for November. A barrage of media coverage throughout the region also helped drum up support.

On day two, Jane wrote:

“Another lovely day with regard to weather, mostly sunny and hot but a little cloud cover in patches to cool us down. Once again the encouragement from passing motorists and truckies kept us going, especially up the hills! And of course, walking through that beautiful scenery is lovely.”

To donate to Alzheimers New Zealand Waikato, please go to [www.givealittle.co.nz/cause/alzheimersnzwaikato](http://www.givealittle.co.nz/cause/alzheimersnzwaikato).

## Introducing Martin

Alzheimers New Zealand is pleased to welcome Martin Brooks as national board chairperson. Martin is the president of Alzheimers Canterbury. He takes over the role of board chairperson from Eileen Smith, who has held the position over the last two years. Many thanks to Eileen for all her hard work.



## Caring for Wally

“What time do we get there, Martin?” This question was repeated around every ten minutes on the flight from Melbourne to Christchurch by my great uncle Wally, as I escorted him to New Zealand. So started my induction into the world of caring for a person with dementia. I knew there was some sort of a problem both with Wally, and with my father, who is now in full time care with advanced dementia, but I did not realise or understand what was going on.

Once we were given a diagnosis, I was able to make the necessary arrangements for Wally to stay with my wife Maria and me for just over four years until he passed away.

Caring for Wally gave me an insight into the tremendous pressures carers are under when looking after a loved one. Without the education available through our local Alzheimers organisation, I do not believe I would have been able to cope. It was not just the support from them, but the support from others in the same or a similar position that was invaluable.

For all non profits, these are challenging times. We need to continue to grow as an organisation and support to all those affected by dementia. With commitment and energy within the organisation, I am sure that we can achieve this. I look forward to next year’s challenges.

On behalf of the national board I would like to take this opportunity to wish you all a very safe and happy holiday season.

# Caring at Christmas

Christmas can be a stressful time for many people, but for people with dementia and those close to them, it can be extra-stressful. This can be due to an influx in people around the home, changes in routine and the general busyness of the holiday season.



However, Christmas can also be a good time to get together, recall memories of the past and participate in activities as a family, like putting up decorations, cooking and dressing the table.

Over the next few pages we provide tips for making life easier around Christmas. We also profile some Kiwi carers, Noeleen, from the Nelson area, who cared for her husband, Bruce, and Page, from Wellington, who cares for a family friend.

As the full-time carer of someone with dementia, you may find your loved-one becomes confused, upset or maybe aggressive around the holiday season. Emotional memories may also be triggered, as other family members may recall previous Christmases, perhaps when the person with dementia participated more so in Christmas activities (for example, a mum who traditionally prepared Christmas dinner but can no longer do so.) The person with dementia may also be confused and mix up this Christmas with past ones. Try to go with the flow and allow the person to talk about older memories.

You can extend this form of 'reminiscence therapy' by looking at old photos and talking about Christmases in the past. Remember, holidays are a great chance for family members and friends of all ages to interact with others and enjoy everyone's company.

You may have someone in your whanau or a friend who will spend time at your house over the Christmas season. Making your home friendly and easy for your loved-one can make a big difference. Put labels on bathroom and kitchen doors and on the person's bedroom, so they know where they are going. If their primary carer isn't staying with you, ask if you should buy incontinence pads and slip-proof mats for the bathroom, or anything else special, such as medications. Lock doors which lead onto busy roads in case the person with dementia wanders. If they want to take a walk, make sure someone tags along.

Put the hall light on, or a nightlight in the person's bedroom and leave the bathroom door open so they know where it is. Remove rugs or objects on the floor which could be tripped over, lock away dangerous substances and remove sharp knives, particularly if the person with dementia no longer recognises risk. Make sure you know where your nearest accident and emergency department is, and keep a list of important contacts by the phone.

Also think about spiritual needs around Christmas. Would the person with dementia like to sing carols or go to Mass at the local church of their denomination? Perhaps they don't celebrate Christmas, but another seasonal holiday. Make sure you take this into consideration and ask their full-time carer about what you can do to include special requirements.

If your house gets really busy and loud with people (including young children) coming and going, designate a quiet room where people can have "time out." Try to limit drinking so people with dementia don't become agitated by loud or out-of-character behaviour.

'Sundowning' can occur in people with dementia in the late afternoon and evening, causing mood swings, disorientation or hallucinations. It is thought to occur due to an interruption in circadian rhythm (the body clock). Try to reduce the level of demand on the person with dementia at this time; avoid complex tasks and decision-making, reduce noise and allow time for a nap. Ensure the lights inside your house are on and the curtains are open until the sun goes down.

*Thanks to the Alzheimer's Society, UK for the use of content from Factsheet 455, Festivals, holidays and celebrations. To read this factsheet in full, please go to [www.alzheimers.org.uk/factsheet/455](http://www.alzheimers.org.uk/factsheet/455).*

# “We used to be married.”

**Bob Irvine** talks to Noeleen Fowler, of Wakefield, near Nelson, about caring for her husband Bruce.



Noeleen Fowler

## Carer research

A recent study suggests people with Alzheimer’s disease who have a close relationship with a carer retain better cognitive function over time than those who don’t. The research, from John Hopkins and Utah State universities, suggests the benefit of a close relationship is similar to the benefits of medications for people with Alzheimer’s disease.

Researchers could not say why people with a close carer relationship retained more of their cognitive skill, but more will be revealed in the future, as studies continue.

*Originally published in the Tasman District Council’s Mudcakes and Roses magazine*

Many elderly men might dream of living in a harem of four women. But this dream was part of Bruce Fowler’s nightmare. The woman who cooked for him, and the one who cleaned, and the others ... they were all his wife, Noeleen. He just couldn’t remember who she was, from one hour to the next.

Noeleen first noticed her husband, at age 79, was becoming forgetful and dogmatic. In January 2008 he showed her a 20c piece and asked her what it was. This, from a fiercely intelligent man; a former radio technician who shunned fiction because he loved to soak up hard facts.

Bruce had a routine blood test scheduled a few days later, so Noeleen asked their GP to assess his mental state. The doctor confirmed the very early stages of Alzheimer’s disease, and said to check back in six months.

Noeleen joined classes for carers run by Alzheimers Nelson, but, “I was still telling myself it doesn’t apply to me yet”

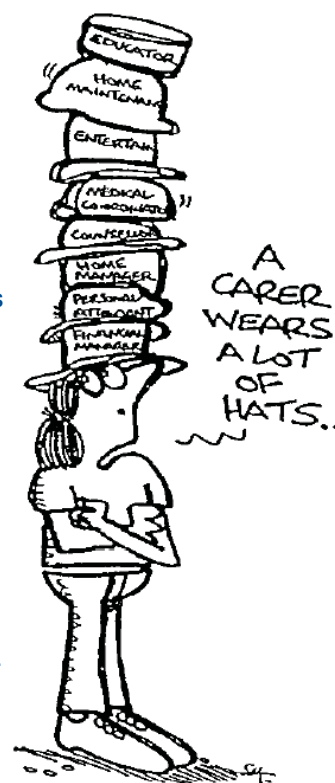
Soon after that, Bruce began asking, “Where is Noeleen?” she says.

“He acquired a harem, but lost his wife.”

Bruce threatened to go to the police in Wakefield to report Noeleen missing, so she had to tell them of his deteriorating state. Despite that, Noeleen and her friends were still laughing off his eccentricities because, “ninety five percent of the time he was pretty normal. Most times I’d laugh because otherwise I’d cry.”

Bruce was going downhill rapidly. Just six weeks after the first GP visit he was back. A scan revealed a tumour in the back of his skull. Noeleen, meanwhile, was finding comfort in the weekly class for carers.

“You didn’t have to explain yourself. Everyone knew where you were coming from.”



Stephen Stanley, Whyalla Norrie, Copyright

from previous page...



At one gathering, a policeman explained how people with Alzheimer's disease often wander off, sparking major searches. Carers were even advised to sew a tracking unit into the lining of a favourite jacket, or secrete it in a handbag.

Bruce was soon to confirm the value of such advice.

One morning he muttered about driving himself to Christchurch for tests, then drove off to refuel the car. Noeleen rang the local garage, asking the attendant to gently quiz Bruce about where he was going. He rebuffed the question and left. Noeleen rang the police.

Five long hours later, the Wakefield postie, who had been alerted Bruce was missing (thanks to the small town grapevine), spotted him at nearby Faulkner's Bush, sunning himself, oblivious to the panic he had sparked. "I hope I never have to go through a day like that again," says Noeleen.

*Noeleen found comfort in the weekly class for carers: "You didn't have to explain yourself. Everyone knew where you were coming from."*

The strain was telling. Noeleen was so exhausted her doctor forbade her from accompanying Bruce to Christchurch for surgery to remove the tumour. The specialist said the operation wouldn't help the Alzheimer's, but would aid Bruce physically. He would be up and about in ten days. They flew him back in the air ambulance. "He was just a total mess. He couldn't speak, couldn't walk, he was totally incontinent."

Bruce was placed in a geriatric hospital, but was eventually transferred to Alexandra Hospital in Richmond, where on arrival two nurses immediately took an arm each and encouraged him to leave his wheelchair.

Two months later, he was walking unaided and feeding himself. The staff always made sure he was well-dressed, with his hair brushed. "I can't speak highly enough of that hospital," says Noeleen.

But there were initial problems with sorting Bruce's medication and he was understandably depressed about his condition.

Noeleen would often find him in tears. After checking out long-term care, she settled on Tasman Park Rest Home in Stoke because it has a good walking area. Bruce is settling in well. Noeleen arrived recently to find him standing at a table and reading the newspaper.

He recognises her as someone meaningful in his life, but can't always work out how and where.

As for Noeleen, she has had to adjust to seeing the husband she knew fade away over the last year-and-a-half. "When he lost me I really felt lost, and that took quite a lot of getting around."

She once asked him, "Do you know who I am?"

"No," he said.

"We used to be married," she explained, and the use of the past tense shocked her. "I immediately followed it up with, 'I'm your wife!'"

Bruce's future remains uncertain. Noeleen is learning to live alone, with help from good neighbours and friends. She is also grateful to Alzheimers Nelson and especially the support and guidance of fieldworker Heather Lackner.

*Mudcake and Roses is the Tasman District Council magazine for people aged 50 plus. This article featured in the August/September 2009 edition. Thanks very much to Noeleen and Bruce Fowler, Bob Irvine, Dry Crust Communications, Tasman District Council and Alzheimers Nelson.*



## Page and Bill

Page is a perfect example of how extended whanau are a fundamental part of caring for someone with dementia. Page is in her early forties

and lives in Wellington with a family friend, Bill (84), who has Alzheimer's disease.

"I said to Bill when I was young, affectionately, as you do, 'I'll always look after you,'" she says.

This promise meant Page gave up her career in the Merchant Navy to live with Bill. "At first I worked full-time, then part-time, then casually, before giving up work completely because I needed to be there for Bill. He was no longer coping in his own home. He wasn't the person he used to be."

Page doesn't regret her decision to give up some of her life to look after Bill, in fact, she says she has found an inner strength she never knew she had.

"I consider Bill as a grandfather or father. He's been a loving mentor. This is a really good time for me to pay back that service."

Page says she has learned to look after herself as well as looking after Bill.

"Caring for Bill without any support wasn't healthy for me or for him. I wasn't coping as well as I thought I was. But now I've acknowledged my inner strength which helps me cope most of the time. I don't need to be superwoman and do this all on my own. I'm not sitting at home, falling apart. "

Through Bill's GP and the community organisation Nurse Maude, Page got Bill a placement into the Chelsea Club, a day-care programme run by a charitable trust for people with Alzheimer's disease and other forms of memory loss.

"The Chelsea Club is fantastic. If we didn't have that I don't think we could do it. They enjoy having Bill and he loves it."

Asking friends and neighbours for support was also a big step for Page. "Now I can say Bill has dementia and I no longer feel embarrassed about accepting help." She also belongs to a series of support groups, including one made up of women whose partners have Alzheimer's disease.

Page's neighbours also take care of Bill for an hour or so, so she can go out and have a coffee and a gossip session with a friend. "This inner circle of close friends and support is not only for Bill but is for me too."

Page has also set up a room in their house for someone to come in and provide respite care, when she feels it's time for her to have a break.

*"Now I can say Bill has dementia and no longer feel embarrassed about accepting help."*

"I can care for Bill until his life is compromised and I will continue this primary care role until he needs medical intervention, which we are mentally prepared for. We take every day as it comes."

In the mean time, she has adapted her lifestyle to ensure she doesn't get burnt out by her full-time role.

Alzheimers New Zealand staff say it takes seven pairs of hands to look after every one person with dementia. Page can testify to this.

"Myself... the drivers who pick up Bill and get him home safely from the Chelsea Club, my neighbours, my friends and support groups, my lawyer, our church group.... I agree with that message. Seven people? It's got to be seventy!"

Page believes Bill's quality of life is strengthened by her full-time care, because it allows him to remain in his own home. Even at his 84th birthday tea party earlier this year, Page says Bill was the social butterfly around his many friends. "He still plays the host. We keep it real and can stay connected and engage with others."

Reading about dementia and Alzheimer's disease is another way Page copes. "I read a lot from the Alzheimers New Zealand library, not only out of curiosity in terms of finding out what I'm in for, but to find out this experience is not as isolating as what I thought. It's very educational."

Her advice to other caregivers: accept help and find out exactly what is going on through the GP. "If I won lotto, I would love to send devoted caregivers to Rarotonga, knowing there's a caregiving team coming in to take over."

## Links

- Alzheimers New Zealand's national library  
[www.alzheimers.org.nz/library](http://www.alzheimers.org.nz/library)
- Chelsea Club  
[www.chelseaclub.org.nz](http://www.chelseaclub.org.nz)
- Nurse Maude  
[www.nursemaude.org.nz](http://www.nursemaude.org.nz)



Bill at the Chelsea Club

## Centre for Brain Research

By Cass Alexander

It's not everyday you get to see pieces of a real human brain, but at the launch of the Centre for Brain Research (CBR) at the University of Auckland in November, that's exactly what we did.

As community partners, Alzheimers New Zealand and Alzheimers Auckland were given a tour of the newly-opened research centre, directed by renowned University of Auckland neuroscientist Professor Richard Faull.



The CBR aims to develop treatment for brain disease and brings together scientists from the University of Auckland, neurologists and neurosurgeons from District Health Boards in the Auckland region as well as other community groups supporting people with brain disease.

We asked lots of questions about how the brains are donated to the CBR, what kind of methods are used to keep them fresh and what research is being done in the field of Alzheimer's disease.

*"The CBR is founded on a partnership between scientists, doctors and the community, with each group contributing its own perspective and expertise." Professor Richard Faull*

It was also a chance to network with others in the community and neurology fields. The Centre was officially launched by Hon Dr Wayne Mapp, Minister of Research, Science and Technology.

The brains are given as koha to the CBR. One whanau, who lost their dad/partner to Huntington's disease, said they were able to visit him in the

Centre and told me that if the gift of giving his brain was able to help others, then it was worth it. Professor Richard Faull says the partnership with patients and families is vital to the success of the CBR.

"More integrated and collaborative research is essential, and that's why we think the Centre for Brain Research is such an exciting and important development. It is founded on a partnership between scientists, doctors and the community, with each group contributing its own perspective and expertise," he says.

Other neurological diseases studied at the Centre include epilepsy, motor neurone disease, multiple sclerosis, muscular dystrophy, Parkinson's disease and stroke.

The launch had a great vibe about it. Alzheimers New Zealand staff felt excited about what the future holds for Alzheimer's disease research and there was enthusiasm and celebration in the air. We look forward to working with the CBR researchers and the other community partners in future.

*For more information about Professor Richard Faull, who will speak at the Alzheimers New Zealand Conference 2010, please turn to page 13.*

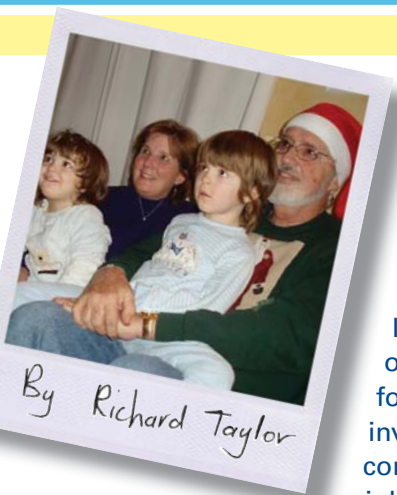
[www.cbr.auckland.ac.nz](http://www.cbr.auckland.ac.nz)



## World Alzheimer's Day: Painting at national office

To celebrate World Alzheimer's Day, Volunteer Wellington provided ten hard working volunteers from Transpower through its 'Employees in the Community' programme to paint national office.

Within a day the office was transformed from a circa 1970s mustard to a light and refreshing green. Thanks to Dulux New Zealand who supplied the paint, our coffee girls downstairs in Photo Espresso who made us morning and afternoon coffees, and Wellington mayor Kerry Prendergast and Transpower's general manager, corporate affairs, Cynthia Brophy who took time out of their busy schedules to join the celebrations.



## If I were a care giver

Here is a list of things I feel I have lost: manipulating or understanding numbers, following conversations involving more than two people, confidence in myself, finding the right words.....

What do I want to do? Continue to speak and write about what it is like to have Alzheimer's disease, serve as a role model for others with the disease, open the minds of professionals from a patient's perspective and become closer to my family and friends by spending more time with them.

How can the people around me help me do it?

Provide attention to details that now escape me, anticipate my safety needs (falling, wandering), work with me to limit me when I am talking too much, or off point, or inappropriately.

Listen to me and reflect back to me that you understand what I have just said, suggest solutions and avoid defensiveness, blame, debates and deflective responses.

Provide more feedback; help me solve problems rather than just understand or explore them.

I don't always stay in the moment. I wander back into the past. I am influenced by my fears. I am fearful of tomorrow. Find me when this happens. Point this out to me. Help me come back to here and now. Assure me you are here to work with me, that you accept me as is, that you love me today and tomorrow as you did yesterday and the day before that.

Be more of a cheerleader for me now more than ever before. Always give me the benefit of the doubt. Trust my intentions more! Talk about things before you argue and debate them. Learn not to mourn. Look for joy in today and help me do the same. Eat more fruit. Worry less about the future, about money, about death.

Living through this disease is mandatory for all of us. Living closer to each other is not. Changing how we relate to each other is mandatory. Don't expect either of us to be able to solve or even address all that we did in the past, but trust that we are doing our best.

*This article was originally published on Richard's website, [www.richardtaylorphd.com](http://www.richardtaylorphd.com). Richard will also be speaking at the Alzheimers New Zealand Conference 2010. Please turn to page 13 for more information.*

## 25th birthday for Alzheimers Canterbury

Also on World Alzheimer's Day, over 100 people met in the Christchurch Botanic Gardens for a commemorative walk to the tree planted to mark ten years of Alzheimers Canterbury in 1994, followed by a Devonshire morning tea. The walkers were accompanied by Jason Gunn and the Classic Hits 97.7 Breakfast Team along with a piper! To celebrate the day, 25 helium-filled balloons were released.

## Alzheimers Nelson celebrates volunteers at 25th birthday

Alzheimers Nelson celebrated 25 years of service to the Nelson Bays community on World Alzheimer's Day. Fifty guests joined staff at the historic Melrose House for a grand afternoon tea. Founding member, current volunteer and board member Helen Webber was honoured with life membership.

Margaret Knight, Anne Langridge, Trixie Roselli, Olive Jeffries, Phyl Taylor and Coral Small were also awarded life membership for their 20 year service, while merit awards were presented to Don Grant, Jill Truman, Barrie McLean and Moira Thompson for at least ten years of service.

"The afternoon was well received and a pleasant interlude in our busy lives of making life better for all those affected by dementia," said Alzheimers Nelson's operations manager Belinda Roselli.

*Alzheimers Nelson's founding and life member, Helen Webber.*

*Colin Smith, The Nelson Mail.*



## Maori Oral Health Research

By Jean Gilmour, senior lecturer, School of Health and Social Services, Massey University, Wellington

Alzheimers New Zealand has been working with the Eru Pomare Maori Health Research Centre to identify oral health issues affecting Maori with dementia and their whanau. As part of the project, a survey was developed for all staff within Alzheimers New Zealand's local organisations.

We had 34 responses to the survey; 72 % of staff who responded had Maori clients, mainly from Northland, Auckland, the East Coast and the Lower North Island.

Problems with chewing, dentures, swallowing and pain were the most frequent oral health issues identified by staff who participated in the survey.



Comments were made about difficulties in communicating pain and discomfort associated with dentures or natural teeth; that many people had missing and decayed teeth,

and that there were issues with cleaning dentures and their fit.

The main barriers to accessing dental health services included the person with dementia's ability to tolerate treatment and cost. Other barriers were families not recognising the importance of good dental care, carers becoming overloaded with multiple demands, transport difficulties and long waiting times for appointments.

The survey identified a gap in oral health information for people with dementia and their whanau. A full report will be available early next year.

As a result of the survey, an oral health information sheet has been developed and we hope to make it into an Alzheimers New Zealand resource. In the meantime if you would like a copy of this, please email Jean Gilmour at [j.a.gilmour@massey.ac.nz](mailto:j.a.gilmour@massey.ac.nz).

Thank you to all staff who responded to this survey.

## Serious exercise

I made one of my best decisions ever when I decided to introduce exercise into my mother's life after she was diagnosed with Alzheimer's disease.

Imagine taking an 88-year-old woman into a gym for the first time in her life. If it was the early 1970s, I would be saying, "far out". That describes how I felt.

Let's skip to the present. Mom is now 93 and we are still going to the gym. Before we go, Mom is usually a bit disoriented, with a dull, almost lifeless look on her face. When we get to the gym she doesn't want to go in. She usually says any combination of these statements: "I am going to vomit, I am going to faint, I can't do it."

If you didn't know anything about Alzheimer's disease, you might be a bit disconcerted when you saw us coming into the gym, but soon a remarkable transition takes place. We do the treadmill first. Mom hates this. But as time goes on she starts standing up straighter and shows some signs of life.

When the treadmill is done, we move on to the weight machines. Mom loves the weight machines; shoulders, legs, chest and occasional core exercises. Mom goes to the gym about three to five times a week and does more at home.

Here is my point: it is clear to me that the exercise increases blood flow to her brain and it changes her social skills positively. She also sleeps through the night. Now if exercise can have this kind of dramatic effect on my mother who already suffers from Alzheimer's disease, you really need to start wondering, is this the way to beat or delay the onset of dementia?

There is lots of research showing that exercise can improve memory in people suffering from dementia. If you are worried about it, you need to be engaging in behaviours that produce the best chance of fighting off the disease. Number one on the list is real, serious exercise.

[www.alzheimersreadingroom.com](http://www.alzheimersreadingroom.com)



# News around the world

## Physicist with Alzheimer's disease wins Nobel Prize

*Hong Kong/USA:* The ground-breaking achievements of physicist Charles Kao have been acknowledged with a Nobel Prize for physics. Kao, a former vice chancellor of Hong Kong's Chinese University, designed fibre-optic technology from the 1960s onwards, helping to make the internet possible. The 75-year-old has Alzheimer's disease, which he says, makes it harder to communicate. Kao says he may donate some of the monetary prize to Alzheimer's disease organisations.

## Brain for research

*UK:* Former UK Government Home Secretary David Blunkett, who has been blind since birth, will donate his brain to dementia research. He is hoping his gift will encourage others to donate to the Brains for Research Campaign, to combat a severe shortage of brains for Alzheimer's disease research.

## New offices for Northern Ireland

*Northern Ireland:* Two new Dementia Services Development Centre (DSDC) offices in Belfast were opened in September by Minister for Health Social Services and Public Safety, Michael McGimpsey. The offices include training and education facilities and have been designed to be dementia-friendly. The DSDC was granted €1.2M by the Department of Health Social Services and Public Safety Northern Ireland and The Atlantic Philanthropies over a three-year period.

## \$2.5M USD to research in Texas

*USA:* Texan oil tycoon and philanthropist George Mitchell has donated \$2.5M USD to establish an Alzheimer's disease research centre in Houston.

George's wife Cynthia was diagnosed with the disease around 2002. The Mitchell family has already donated \$18M USD toward Alzheimer's disease-related causes and research. The George P and Cynthia W Mitchell Center for Research in Alzheimer's Disease and Related Disorders at the University of Texas Health Science Center will focus on clinical care, stem cell research and trials.

## Who wears purple best?

*USA:* You might recognise American actors like Seth Rogen (*Knocked Up*) and David Hyde Pierce (*Frasier*) as funny men, but the two have taken on a serious role as Alzheimer's disease ambassadors. They joined a cohort of fellow celebrities in the 'Who Wears Purple Best?' campaign, run by the USA's Alzheimer's Association. Both Seth and David have people in their families with Alzheimer's disease. On World Alzheimer's Day on 21 September, the celebrities wore purple tee-shirts with the words, "Act," "Move" and "Voice," on them to encourage Americans to join the cause.



## Singing for the Brain

*UK:* The South Dorset and Bridport Alzheimer's Society was given £5,000 toward 'Singing for the Brain' sessions in South and West Dorset to help people with Alzheimer's disease exercise their mental agility and socialise with others. The money was granted by The Dorset Partnership for Older People's Project. Singing helps with cognitive function by learning and repeating lyrics.

## Rock stars and scientists unite

*USA:* Who says rock stars only care about fame and fortune? American musicians Joe Perry (Aerosmith), Will.I.A.M. (Black Eyed Peas), Sheryl Crow, Seal and Josh Groban are part of the 'Rock Stars of Science' campaign, which honours researchers in the health field, including those who study Alzheimer's disease. The campaign aims to show science as a cool career choice for young people. In a photo campaign for GQ, the rock stars posed with scientists. [www.rockstarsofscience.org](http://www.rockstarsofscience.org)

# Review

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## The Best Friends Book of Alzheimer's Activities, Volume 2

*By Virginia Bell, Tonya Cos, Robyn Hamon and David Troxel. Reviewed by Judy Cooper.*

I have met Virginia and David, and I am very familiar with their books and videos, as well as their approach to care, which focusses on helping people with dementia feel safe, secure and valued through a dedicated "best friend" in their lives.

This is an excellent book with lots of wonderful ideas. I asked my diversional therapists to choose an activity each, trial it and report on how the activity was received and whether they would make any modifications if they chose to do it again.

### *Scrabble letters*

Participants are given Scrabble-like letters and asked to form words. Trish modified the activity using four to eight letters to start with and put the first letter of the word in front of the participants. The residents found it hard to complete the word so Trish modified the activity by asking them to choose the letters of their names which seemed to work well. They enjoyed seeing their names written out on the table. Again there was considerable modification to meet the needs of the residents. But they all enjoyed the challenge, and Trish would try it again.

### *Special moment*

A resident hard of hearing and visually impaired smiled broadly when enjoying a flower arranging activity. Trish asked her to feel a leaf and smell a flower; this motivated her to arrange the flowers, by touch, in a vase. This was a very worthwhile one-to-one activity. It took time and lots of patience, but the rewards for the resident were immeasurable.

### *An apple a day*

This activity, which Rahel tried, aims to show how a simple prop like an apple can be effective for engaging with people with dementia. Residents enjoyed tasting the different apples. It resulted in a wonderful reminiscence session around making apple pies and pastries. Rahel would try this activity again, but she would go to the library and obtain some books on apples and apple recipes.

### *Orange cloves*

Residents really enjoyed the smell of the oranges and cloves in this decoration-making activity; some tried to push the cloves in, some held the orange, some just observed and commented from time-to-time. Although there was not much active involvement, Rahel felt it was a very worthwhile activity and she would try it again.

### *Fabric mosaic*

Donya chose paper as the medium for this art activity, as it was easier to handle with her group. She chose two bold colours, yellow and red, for stimulation and contrast. The group consisted of three residents with varying degrees of dementia. One man was capable of cutting the coloured paper into various shapes; the others enjoyed watching and verbally contributing.

Each person was given a piece of paper and with assistance, covered it with glue. This was a nice time to chat about the colours, Donya said.

The group also reminisced about making glue from flour and water in the old days! Without any specific artistic objective, they each began to place the pieces of coloured paper onto pages.

"I found this to be a very interesting activity and the free flow and abstract style of this art was very therapeutic. There were no specific expectations and therefore no room for feelings of failure or inadequacy. Each resident enjoyed the colours and observing their compositions. There was plenty of positive reinforcement for involvement and feedback from their work. A very interesting and successful activity, modified to meet the needs of my group. And yes, I would definitely try it again using other colours," said Donya.

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As with all activity books, this one gives you ideas and it is up to you to modify them to meet the needs of your clients. I would recommend this book to all dementia units. Thanks to the diversional therapists who participated in these activities and the dementia units that supported them.

*Judy Cooper is a motivational therapist from Christchurch and former president of Alzheimers New Zealand.*



# Conference 2010

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We have a great line-up of keynote speakers. If anyone has a specific topic they would like the keynotes to speak about, please let us know. Anyone who would like to present a paper or run an interest group session, please submit your abstract before January 26, 2010. More information about the conference can be found on [www.alzheimers.org.nz/conference2010](http://www.alzheimers.org.nz/conference2010), or email [nationaloffice@alzheimers.org.nz](mailto:nationaloffice@alzheimers.org.nz). Registrations are also available on this site.



## Professor Martin Prince, UK

Professor of Epidemiological Psychiatry. Martin coordinates Alzheimer's Disease International's 10/66 Dementia Research Group, which studies over 20,000 older people in 11 low and middle income countries, where traditionally research has been sparse.



## Professor Jenny Abbey, Australia

Jenny is the author of the 'Abbey Pain Scale', which is widely used in Australian residential care facilities to assess pain for people with dementia who are unable to verbalise their needs. Jenny is on the national Ministerial Dementia Advisory Committee, and the South Australian Guardianship Board. She is a consultant to the aged care industry and holds academic positions in Brisbane, Hobart and Adelaide.



## Emeritus Professor Peter Baume, Australia

Former Australian Minister of Health, Chairman of the Alzheimer's Association, NSW, Patron of the Voluntary Euthanasia Society of NSW. Peter is a physician who holds a doctorate, two honorary doctorates, and several fellowships and is a Companion in the Order of Australia. He has also held a number of other influential roles, such as Commissioner of the Australian Law Reform Commission, deputy chair of the Australian National Council on AIDS.



## Professor Richard Faull, NZ

Director of the Centre for Brain Research, Professor of Anatomy, University of Auckland. Richard is known nationally and internationally as a leading expert in neurodegenerative diseases of the human brain. He received the highest honour for New Zealand scientists, the Rutherford Medal, in 2007, for his contribution to brain research. Richard established The Neurological Foundation's Human Brain Bank. In a landmark paper in 2007, Richard provided the first evidence that the diseased human brain can repair itself by generating new brain cells.



## Dr Richard Taylor, USA

Richard, a retired psychologist from Texas, was diagnosed with Alzheimer's disease in 2001 at the age of 58. Since then, he publicises and de-stigmatises the disease by speaking at international conferences, sending out regular newsletters, blogging and writing. Richard is the author of *Alzheimer's from the Inside Out* (Health Professions Press, 2006).



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# Research

## Money trouble a sign of dementia

Having trouble with financial transactions may be a first sign of dementia, according to research from the University of Alabama's Alzheimer's Disease Center. The September edition of *Neurology* researched 87 people with mild cognitive impairment and 76 people without and detected declining financial skills in those with mild cognitive impairment a year before dementia was diagnosed. The financial skills assessed included understanding a bank statement, balancing a cheque book, paying bills and counting money.



## Infections speed memory loss

New research gives further evidence to why people with dementia should have infections treated as soon as possible, to prevent further decline of memory and cognitive skills. A cold, stomach bug, urine or other infection causes inflammation in the brain and leads to further memory loss and cognitive decline, according to the Alzheimer's Society UK. Because some people with dementia may not feel any pain or discomfort, family and carers should be vigilant about ensuring infections are treated promptly.

## Mind those ZZZZZs

Researchers at the University Hospital of Madrid, Spain, claim people over 65 who sleep more than eight to nine hours a night have twice the risk of developing dementia that those who sleep six to eight.

Researchers studied the sleeping and napping and health and lifestyle habits of over 3,000 people aged over 65 over three years and discovered those who slept more were more likely to be diagnosed with dementia, although they couldn't pinpoint the exact reason.



## Self esteem, dexterity and vitamin D in one fowl swoop

People who garden have superior hand strength and finger dexterity, compared to non-gardeners, as well as improved self-esteem. A study at Kansas State University divided gardening into tasks such as digging, raking, pulling weeds and planting and demonstrated that 60 minutes of gardening per day for about a week used both upper and lower-body muscles. Psychological health, blood pressure, life satisfaction and sleep quality were also improved.



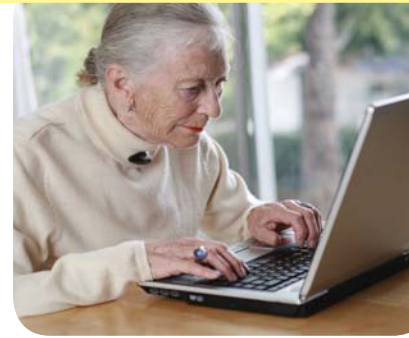


## Protein substance found in spine

A newly-discovered protein substance found in the spinal fluid of people with Alzheimer's disease called 'Alberta 16' may be useful in developing medications to treat people with the disease, according to research from the Sahlgrenska Academy in Sweden.

## www.prevention...

Yep, surfing's definitely good to help prevent dementia. Any cardio vascular activity is great. Oh, you mean web surfing! Recent research suggests using the internet boosts brain activity in older people, which may help to prevent dementia. According to the research, an internet session stimulates the mind more than reading, and the effects remain long after. Participants aged 55 to 78 were scanned during a series of internet searches, then scanned again after performing certain tasks online for an hour a day for at least seven times during a fortnight. The second brain scan showed the memory and decision-making parts of participants' brains were activated. University of California researchers suggest surfing challenges the brain more than reading, because several pathways are used at once.



## Go Greek

A Mediterranean diet combined with a regular exercise, is being touted as the next big thing in Alzheimer's disease prevention. Elderly participants who exercised daily for 20 minutes were 33 per cent less likely to get dementia than those who did not, according to the Columbia University New York study. Participants who ate a diet rich in fruit, vegetables, cereals and fish and low in red meat, dairy, poultry and alcohol, were 40 percent less likely to get dementia. Researchers say combining the two could lead to a 60 percent reduction in getting dementia.

## Olive oil

A compound found in olive oil is reportedly able to slow down changes within the brain which contribute to Alzheimer's disease. Combined research from universities in the USA and Spain have found an extract from olive oil, 'oleocanthal', protects against fibres called 'A-derived diffusible ligands', which are thought to contribute to Alzheimer's disease. Researchers say eating lots of olive oil will not prevent Alzheimer's disease, but this report is the first step toward discovering more.



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